22222	a Employee's social security number	OMB No. 1545-0008			
b Employer identification number (EIN)			1 Waq	ges, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code			3 Social security wages 4 Social security tax withheld		
			5 Me	dicare wages and tips	6 Medicare tax withheld
			7 Soc	cial security tips	8 Allocated tips
d Control number			9		10 Dependent care benefits
e Employee's first name and initial	Last name	Suff.		nqualified plans	12a C 0 0 0
			13 Statu	utory Retirement Third-party loyee plan sick pay	12b C 0 d e
			14 Oth	er	12c
					12d
f Employee's address and ZIP code					
15 State Employer's state ID num	16 State wages, tips, etc.	17 State incom	e tax	18 Local wages, tips, etc.	19 Local income tax 20 Locality name

Wage and Tax Statement

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Department of the Treasury-Internal Revenue Service

Copy 1—For State, City, or Local Tax Department